

<b>REQUEST FOR QUOTATION</b> <i>(THIS IS NOT AN ORDER)</i>			THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE <span style="border-bottom: 1px solid black; width: 20px;"></span> OF <span style="border-bottom: 1px solid black; width: 20px;"></span> PAGES	
1. REQUEST NO.		2. DATE ISSUED		3. REQUISITION/PURCHASE REQUEST NO.		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	
5a. ISSUED BY						RATING	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						6. DELIVER BY (Date)	
NAME			TELEPHONE NUMBER			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
			AREA CODE		NUMBER		
8. TO:						9. DESTINATION	
						a. NAME OF CONSIGNEE	
a. NAME			b. COMPANY			b. STREET ADDRESS	
c. STREET ADDRESS						c. CITY	
d. CITY			e. STATE		f. ZIP CODE		d. STATE    e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)			IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.				
<b>11. SCHEDULE (Include applicable Federal, State and local taxes)</b>							
ITEM NO.	SUPPLIES/SERVICES			QUANTITY	UNIT	UNIT PRICE	AMOUNT
(a)	(b)			(c)	(d)	(e)	(f)
12. DISCOUNT FOR PROMPT PAYMENT				a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)	
				c. 30 CALENDAR DAYS (%)		d. CALENDAR DAYS	
						NUMBER    PERCENTAGE	
NOTE: Additional provisions and representation <input type="checkbox"/> are <input type="checkbox"/> are not attached.							
13. NAME AND ADDRESS OF QUOTER					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER							
b. STREET ADDRESS					16. SIGNER		
c. COUNTY					a. NAME (Type or print)		b. TELEPHONE
							AREA CODE
d. CITY			e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER